45000112879

| (Reque | estor's Name) | |
|------------------------------|------------------|----------------|
| (Addre | ss) | |
| (Addre | ss) | |
| (City/S | tate/Zip/Phone | #) |
| (511)/5 | totorzipit tione | , |
| PICK-UP | WAIT | MAIL |
| (Rusin | ess Entity Nam | <u>e)</u> |
| (2001) | oos Entry Harr | - , |
| (Docur | nent Number) | |
| | | |
| Certified Copies | Certificates | of Status |
| | | |
| Special Instructions to Fili | ng Officer: | |
| | | |
| | | |
| | | |
| | | · |
| | | |

Office Use Only



700320766097

11/16/18--01016--020 **25.00

FILED

18 DEC 17 PH 3: 29

SECNETARY OF STATE
FACT AHASSEE FLORIDA

3 1F

T SCHROEDER

COVER LETTER

•

| | Registration Se Division of Com | | | |
|------------|------------------------------------|---|--|---|
| OF DIE | | tallations LLC | | |
| SUBJEC | ı: | Name of Lim | ited Liability Company | |
| | | | | |
| The enclo | sed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please ret | um all correspo | ndence concerning this matter | to the following: | |
| | | John Arnold | | |
| | | | Name of Person | |
| | | Exterior Installations LLC | | |
| | | | Firm/Company | |
| | | 5617 Walton St | | |
| | | | Address | |
| • | | Pensacola, FL, 32503 | | |
| | | jga81@yahoo.com | City/State and Zip Code | |
| | | E-mail address: (| to be used for future annual report notif | fication) |
| For furthe | r information c | oncerning this matter, please co | all: | |
| John arno | old | | 850 748-8726 at () | |
| | Name of | f Person | Area Code Daytim | e Telephone Number |
| Enclosed | is a check for th | e following amount: | | |
| \$25.0 | 0 Filing Fee | S30.00 Filing Fee & Certificate of Status | ☐ S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | | | |

MAILING ADDRESS: Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION OF

| Exterior Installations LLC | | | | |
|---|--|--|--|--|
| Name of the Limited Liability C (A Florida Lin | ompany as it now appears on our reconsted Liability Company) | ords.) | | |
| The Articles of Organization for this Limited Liability Com Florida document number L15000112879 | pany were filed on 06/30 2015 | and assigned | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited | l liability company here: | | | |
| The new name must be distinguishable and contain the words "Limited | Liability Company," the designation "L | LC" or the abbreviation "L.L.C." | | |
| Enter new principal offices address, if applicable: | | | | |
| (Principal office address MUST BE A STREET ADDRES | (S) | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registere registered agent and/or the new registered office address | ed office address on our recors | The OEC II THE STATE STA | | |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | Enter Florida street odd | ress | | |
| | ,i | Florida | | |
| | City | Zip Code | | |

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| <u> Fitle</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|---------------|-------------------|----------------|-----------------|
| AMBR | Zachary T. Arnold | 5625 Walton St | |
| | | | U A00 |
| | | | ≡ Remove |
| | | | ☐ Change |
| | | | |
| | | | □ Remove |
| | | | □ Change |
| | | | SECRE |
| | | | AHAMSEE Charge |
| | | | Change C |
| | | | |
| | | | □ Remove |
| | | | □ Change |
| | | | □ Add |
| | | | ☐ Remove |
| | | | Change |
| <u>.</u> | | ., | Add |
| | | | ☐ Remove |
| | | | Change |

| <u> </u> | <u></u> |
|--|---|
| | |
| <u></u> | |
| | |
| | |
| | |
| | |
| | |
| | |
| | · · · · · · · · · · · · · · · · · · · |
| | |
| | |
| | |
| | |
| | |
| | |
| | -C n |
| | |
| | · · · · · · · · · · · · · · · · · · · |
| | 3/-5 |
| | 70.7 |
| | 17 S & |
| | - ST N |
| | |
| <u> </u> | 60, |
| | |
| | |
| Constant 3 4 . C. of the above | (|
| fective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date. | ate of filing or more than 90 days after filing.) Pursuant to 605.020 |
| ote: If the date inserted in this block does not meet the applicable | statutory filing requirements, this date will not be listed a |
| ocument's effective date on the Department of State's records. | |
| | |
| record specifies a delayed effective date, but not ar | effective time, at 12:01 a.m. on the earlier of |
| The 90th day after the record is filed. | |
| | |
| Novmember 12 2018 | |
| | |
| | |
| Beh Q. CIA | |
| John A. Signature of a member or authorized | d representative of a member |

_ _ . . . _ _

Page 3 of 3

Filing Fee: \$25.00